Office of Congressman Bobby Bright Privacy Act Waiver

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NAME:	PLEASE PROVIDE THE FOLLOWING FOR THE CONCERNED APPLICANT: SOC. SEC. # DATE OF BIRTH:/ CASE NUMBER:				
WHAT FEDERAL AGENCY ARE YOU HAVING DIFFICULTY WITH? WHAT CONCERNS ARE YOU HAVING WITH A FEDERAL AGENCY?					
WHAT SPECIFIC ACTION ARE YOU SEEKING FROM OUR OFF	ICE?				
Have you contacted any other elected official to assist you with this issue? (name)	Do you currently have an attorney working your case? (yes or no)				

I hereby authorize Congressman Bobby Bright or his staff, under the "Right to Privacy Act," to request and copy and information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.

SIGNATURE:	DATE:	
DIGINATURE:	_ DAIL.	

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